

TRAVEL EXPENSE CLAIM

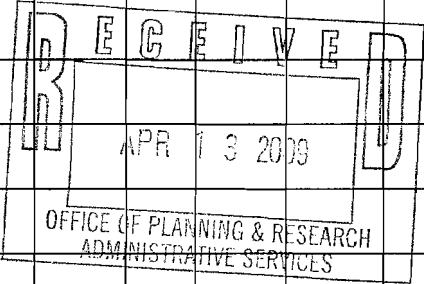
08/09

See Instructions and \*Privacy  
Statement on Reverse Side

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME Cathleen Cox		SSN or EMPLOYEE NUMBER* f	DEPARTMENT Planning & Research	
POSITION Chief Deputy Director		CBI/D No.	DIVISION or BUREAU Governor's Office	INDEX NUMBER 352
RESIDENCE ADDRESS* 1400 Tenth Street		HEADQUARTERS ADDRESS 1400 Tenth Street		TELEPHONE NUMBER 916-322-2318
CITY Sacramento		STATE CA	ZIP 95814	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
1/7	9:00	SAC to Oakland to SAC								11.50	161 88.55 <del>94.19</del>		100.05 <del>105.69</del>
1/23	13:30	SAC to Oakland to SAC								11.50	161 88.55 <del>94.19</del>		100.05 <del>105.69</del>
2/25	9:00	SAC to Oakland to SAC								4.00	161 88.55 <del>94.19</del>		92.55 <del>98.19</del>
3/12	6:00	SAC to Fresno to SAC									358 196.90 <del>209.43</del>		196.90 <del>209.43</del>
3/23	17:00 <del>19:10</del>	Sacramento to LA	143.96			18.00		299.20					461.16
3/24	20:45	LA to Sacramento								18.00			18.00
(10) SUBTOTALS			143.96			18.00		299.20		45.00	841 462.55 <del>492.00</del>		968.71 <del>998.16</del>
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												968.71	<del>998.16</del>



(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
1/7 - Participated in Bank on Oakland Design Team Meetings at the United Way of the Bay Area			
1/23 - Participated in Bank on Oakland Design Team Meeting at the United Way of the Bay Area		(13) PRIVATE VEHICLE LICENSE NUMBER	
2/25 - Participated in Bank on Oakland All-Partner Meeting at City Hall			
3/12 - Conducted Bank on Fresno coordinator interviews at the United Way of Fresno County		(14) MILEAGE RATE CLAIMED	
3/23-3/24 - Attended Launch of Bank on LA		<del>0.585</del> 0.55	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT'S SIGNATURE 	DATE 4.9.09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 4-9-09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE